MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

15586

15856

1. PLACE OF DEATH
County Texas — Registration District No. 862 — File No. 15856
Township Burdine — Primary Registration District No. 6135 — Registered No. 9
City Cabool (No. ..... St. ..... Ward)

2. FULL NAME Henry Franklin Stogsdill
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ada Stogsdill

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 7 1867

7. AGE: Years 60 — Months 10 — Days 27 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Cabool
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Silas Stogsdill
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Pulaski Co
(STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: Elizabeth Farris
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Dent Co. Mo.

14. INFORMANT: Mrs Ada Stogsdill
(Address): Cabool Mo.

15. FILED April 6, 1928 — A N Dool, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4 — 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1928, to April 4, 1928, that I last saw him alive on April 4, 1928, and that death occurred, on the date stated above, at 7:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of lungs

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. M. Coats, M.D.
, 19 (Address) Cabool Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Cabool — DATE OF BURIAL: April 5 1928

20. UNDERTAKER: Gaylord Elliott — ADDRESS: Cabool

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.